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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/786,953
	Filing Date	February 25, 2004
	First Named Inventor	Allan R. Jones, Jr.
	Art Unit	3743
	Examiner Name	Mital B. Patel
Total Number of Pages in This Submission	Attorney Docket Number	1-24035

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CID, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CID	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Receipt postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MacMillan, Sobanski & Todd, LLC		
Signature			
Printed name	Oliver E. Todd, Jr.		
Date	December 19, 2005	Reg. No.	24,746

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PATENT

In re the Application of:
Allan R. Jones, Jr. et al.

Serial No. 10/786,953

Filed: February 25, 2004

For: Nasal Mask Cushion

Examiner Mital B. Patel

Group Art Unit 3743

Attorney Docket 1-24035

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Honorable Sir:

In response to the December 1, 2005 Office Action containing a restriction requirement, applicant provisionally elects the invention of claims 5-11, group II.

REMARKS

Applicant has elected the group II claims. It is believed that this election is fully responsive to the requirement in the office action. In the event that a generic claim is allowable, applicant believes that claims along the lines of those in the non elected group also should be examined and allowed.

Respectfully submitted,

By Oliver E. Todd, Jr.
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